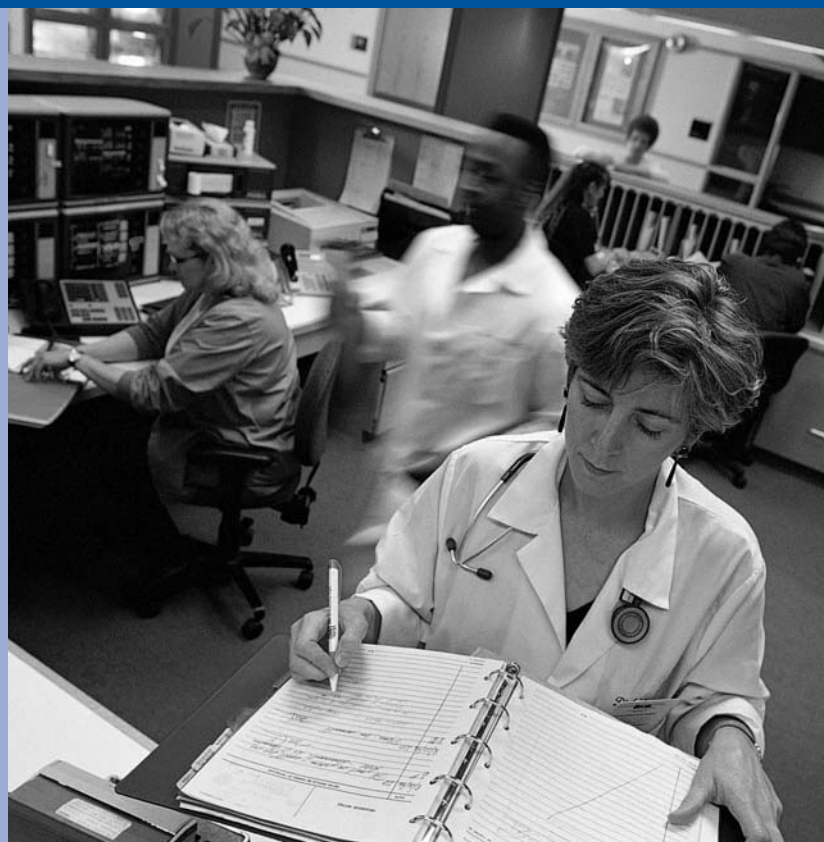


IMMUNIZATION RECOMMENDATIONS FOR HEALTHCARE WORKERS

HEALTHCARE WORKERS are at risk for exposure to and possible transmission of many vaccine-preventable diseases. Healthcare workers are defined not only as medical professionals such as physicians, nurses, EMTs, paramedics, dental professionals, school nurses, health professional students and laboratory technicians but also includes other people who work in healthcare settings such as volunteers, housekeeping staff, janitorial staff, dietary staff, administrative staff and first responders.

The Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) published specific recommendations for the immunization of healthcare workers in the December 26, 1997 issue of the *Morbidity and Mortality Weekly Report* (MMWR).

This article notes that healthcare workers are considered to be at significant risk for acquiring or transmitting Hepatitis B, influenza, measles, mumps, rubella and varicella. Documentation of immunization or immunity against these diseases is strongly recommended.



The ACIP and HICPAC Recommendations Include:

HEPATITIS B Documentation of 3 valid doses of Hepatitis B vaccine or serologic evidence of immunity. "Postvaccination testing for antibody to Hepatitis B disease (anti-HBs) response is indicated for healthcare workers who have blood or patient contact and are at ongoing risk for injuries with sharp instruments or needlesticks." This testing should be done 1–2 months after completing the series. Non-responders should receive a second series. Serologic testing should be completed 1–2 months after the 6th dose of vaccine. "If a person is still seronegative after 6 doses, he or she should be managed as a nonresponder." Periodic serologic testing to monitor antibody concentration after completion of the 3-dose Hepatitis B series is **NOT** recommended. It is never necessary to restart or add doses because of an extended interval between doses of Hepatitis B vaccine.

INFLUENZA Annual vaccination against influenza is recommended for all healthcare workers.

Listings continued on reverse side.



MEASLES Documentation of 2 doses of live vaccine on or after 12 months of age, a history of physician-diagnosed measles or serologic evidence of immunity. All healthcare workers, without the above documentation, should be vaccinated with live measles vaccine regardless of their date of birth even though individuals born before or in 1957 are thought to be immune because of natural disease. In addition, persons vaccinated during 1963–1967 with a killed measles vaccine alone, killed vaccine followed by live vaccine or with a vaccine of unknown type should be revaccinated with 2 doses of live measles virus vaccine. MMR is the vaccine of choice.

MUMPS Documentation of 1 dose of mumps vaccine, a history of physician diagnosed mumps disease or serologic evidence of immunity. Adults born before 1957 can be considered immune. MMR is the vaccine of choice.

RUBELLA Documentation of 1 dose of rubella vaccine or serologic evidence of immunity. Adults born before 1957, except women who can become pregnant, can be considered immune. MMR is the vaccine of choice.

TETANUS AND DIPHTHERIA Documentation of three doses of Td and a booster dose every 10 years.

VARICELLA Documentation of a reliable history of varicella disease (2 doses if immunized after 13 years of age), or serologic evidence of immunity.

The following vaccines are available but are not routinely recommended for all healthcare workers, or are recommended only in certain situations: pneumococcal, Hepatitis A and meningococcal.



NH Immunization Program

DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF COMMUNITY & PUBLIC HEALTH

**If you have questions or concerns
about immunizations or vaccines,**
call the public health nurses at the Immunization
Program, between 8am and 4:30pm Monday–Friday:

603-271-4482

toll free **800-852-3345 x4482**

NH DHHS

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